

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH36074  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 2 1003  
 (c) City St Louis, Mo. (d) Street No. 1110 A. Ohio St. Registered No. 9651  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 53rs. mos. 6ds. 24 How long in U.S., if of foreign birth? 53rs. 6mos. 24ds.

## 2. PRINT FULL NAME Mary Clark.

(a) Residence, No. 1110 A. Ohio, St, St Louis, Mo. 22 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/21, St, 1884.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 53 6 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife,  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St Louis, (STATE OR COUNTRY) Mo.

13. NAME Peter Jefferson,  
 14. BIRTHPLACE (CITY OR TOWN) Missouri. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Jane Madison,

16. BIRTHPLACE (CITY OR TOWN) St Louis, (STATE OR COUNTRY)

17. INFORMANT August Ball, August Ball (ADDRESS) 1110 Ohio. st,

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem'ty 10/19 th

19. FUNERAL DIRECTOR Love Funeral Home. (ADDRESS) 3103, Washington Bl'vd.

20. FILED OCT 18 1937 J. H. Bruck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 th, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 1937, to Oct 15, 1937. I last saw him alive on Oct 14, 1937. Death is said to have occurred on the date stated above, at 2:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myo. Carditis  
 93C  
 Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) J. H. Bruck, M. D.  
 (Address) 3103 Washington Bl'vd.

STATEMENT BY LICENSED EMBALMER

I, R.C.Houston, Jr, Licensed Embalmer No. 2266

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

R.C.Houston, Jr, L. E.

No. 2266 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2266

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**